

2009 DEC 28 AM 8: 58

Reset Form

FORM

(Rev. 07/03)

DR-3
NOTICE OF
DISSOLUTION

For Office Use Only

Comm. # _____
Indexed _____
Audited _____
Computer _____
Certified Date of Dissolution _____

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

Notice of Dissolution

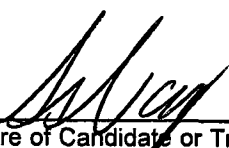
VARY FOR HOSPITAL TRUSTEE	
Official Name of Committee	
1914 Q AVE	
Street	
DOW CITY IA 51528	
City, State, Zip Code	
(712)	674-3846
Area Code	Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.



Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

12-19-09

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.